

<b>DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>		Attorney Docket No.	
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing	Declaration Submitted after Initial Filing		
		First Named Inventor	<b>Morita Toshiaki</b>
		COMPLETE IF KNOWN	
		Application Number	
		Filing Date	
		Group Art Unit	
		Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **Method of Cutting Sheet Members**, the specification of which was filed on **December 26, 2003** as PCT International Application Number **PCT/JP2003/017092**.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Numbers	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Claimed	Certified Copy Attached? YES      NO
2003-4575	Japan	01/10/2003	YES	X

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

I or we hereby appoint the registered practitioner(s) associated with Customer No. **6449** to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Direct all correspondence to Customer Number **6449**.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/>	A petition has been filed for this unsigned inventor		
<b>Morita Toshiaki</b>					
Inventor's Signature	<i>Morita Toshiaki</i>		Date	<i>June 17, 2005</i>	
Residence: City	Wakayama-shi	State	Wakayama	Country	Japan
Mailing Address	c/o Shima Seiki Manufacturing, Ltd. 85, Sakata				
City	Wakayama-shi	State	Wakayama	Zip	641-0003
Country	Japan				

NAME OF SECOND INVENTOR:		<input type="checkbox"/>	A petition has been filed for this unsigned inventor		
Inventor's Signature			Date		
Residence:	State	Country	Citizenship		
Mailing Address					
Mailing Address:					
City	State	Zip	Country		

NAME OF THIRD INVENTOR:		<input type="checkbox"/>	A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname			
Inventor's Signature		Date			
Residence: City	State	Country	Citizenship		
Mailing Address					
Mailing Address					
City	State	Zip	Country		

NAME OF FOURTH INVENTOR:		<input type="checkbox"/>	A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname			
Inventor's Signature		Date			
Residence: City	State	Country	Citizenship		
Mailing Address					
Mailing Address					
City	State	Zip	Country		

NAME OF FIFTH INVENTOR:		<input type="checkbox"/>	A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname			
Inventor's Signature		Date			
Residence: City	State	Country	Citizenship		
Mailing Address					
Mailing Address					
City	State	Zip	Country		

NAME OF SIXTH INVENTOR:		<input type="checkbox"/>	A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname			
Inventor's Signature		Date			
Residence: City	State	Country	Citizenship		
Mailing Address					
Mailing Address					
City	State	Zip	Country		